THIN COSPONATO LIMITE OF

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(67)
County/tarford	Registration Dist. No. 185
Village or City Havrede Grace	No. 6 7 M. Strkes St., Ward (death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 2 yrs	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Thomas alle	N If U.S. Veteran specify WAR World War
(a) Residence No. 6/7 M. Stokes	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
	(Month) / (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Lottie Walker aller	22. I HEREBY CERTIFY, That I attended decaesed from 19, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) Sept. 1889	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the deta stated above, at 2 2 m.
46 10 5 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca
ormin.	wera as follows: Suicide Date of onjot 7 43/34
kind of work dona, as SPINNER, Larage Man	-DULE-106
4 9 Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month and buly 2 2 year) 11. Total time (years) spant in this 44/yro occupation.	
Richmond	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town)	
13. NAME GLO, allen	
I I	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Hanne Vaivell	23. If deeth was dua to extarnal causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town).	Accident, suicida, or homicide? Slicide Date of Injury 7/23, 1935
(State or country)	Whare did injury occur? Havre de Grace, Md. (Specify city or town, county and State)
17. INFORMANT M. Seo, alla Gran Hos.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. HOME
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Shot himself with Pistol
Place ugel The Date July 26, 19 38	Nature of injury Shot himself over the right
19. UNDERTAKER P. Madison Mitchell	24. Was disease or injury in any way related to occupation of deceased? NO
(Addrass) Savrede Grace and.	. If so, specify
20. FILED July 24, 1935 Charles J. Jalry Mr.)	(Signed) (Addrass) Havre de Grace, Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

MANNER OF

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
		1 gow
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

S. No.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 0 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

			- 0 1		,
This man	drahhoo	doad No	To and	mat. The	1100 2001
_ ~ / NUV	OU WALL	aun. He	Tura .	TWO DEEM	under
my care for	sesteral	months.			
U					

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Chronic interstitial pephritis A 6 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE, PLACEY, WITH UNFADING INK—THIS IS A PERMANENT RECREB. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is yory important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07768
1. PLACE OF DEATH	92.00
County HAYtord	Registration Dist. No. 180
Village or City MACINOLIA	No. St., Ward
Length of residence in city or town where death occurred 64 yrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME ASABELLE SHERVING	gton BOWMAN
(a) Residence: No. NAANOLIA NCL.	St., Ward.
(Usua/place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
TEMALE WHITE WIDOWED (write the word)	July 30 1935
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF A COMZO BOWMAN	22. I HEREBY CERTIFY, That I attended decesed from
6. DATE OF BIRTH (month, day, and year) July 4 1845	Hast saw her alive on Inch 29, 1030; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
90 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chronic Valuelas Frent
SAWYER, BOOKKEEPER, etc.	Chronic Vainery Vicini
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MtLL, BANK, etc. 10. Dato deceased last worked at this occupation (month end	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
# 13. NAME BEINTIMAN SWEETING	
13. NAME DEINJIMAN SYEETING 14. BIRTHPLACE (city or town) MAYGLAND	Name of operetion Date of
(State of Country)	What test confirmed diagnosis? Clinical Was there an autopsy? 70
15. MAIDEN NAME NA PORTS HERVINGTON 16. BIRTHPLACE (city or town) PALTO. City.	23. If death was due to external causes (VIOL ENCE) fill In also the following:
5 16, BIRTHPLACE (city or town) PA To City (State or country)	Accident, suicide, or homicide?
11 5 B	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 3916- HILINO'S AYE, WALKE, DC.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
I laya	Nature of injury
19. UNDERTAKER Howard K. McComas, (Address) Abingdon, Md.	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Address Address	If so, specify (Signed) JHSC-Dulaney 3. M.D.
20. FILED July 30, 1935 Fred MorloR	(Address) Permman Mo
If more blanks are needed address State Registrary	TAYY N. Charles Street Rallimore Requesting 9) S No

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 03A 333	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		119
County Harland		Registration Dist. No. 184
Village Dr City Pylos	rille	Np. St Wa
	(1)	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death	occurred/_yrs,/mos	s. 2 3 ds. How long in U. S. if of foreign birth?yrs,mos,
2. FULL NAME GEORG	ed lelman	Burkins
(a) Residence: No.	-,,,,-,,-,-,-,-,	St., Ward.
PERSONAL AND STATISTICA	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	OR OLVORCED (write the word)	July 5 1935
male Thate	single	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of		22. A HEREBY CERTIFY, Thet I attended decessed from
(or) WIFE of		July 5 1935 to July 5 1933
6. DATE OF BIRTH (month, day, and year)	110 1014	Clest sew Resignative on July 5, 1935; deeth is so
7. AGE Years Months	Deys If LESS then	to heve occurred on the dete stated above, a 3.3 m.
. / / 4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance
8. Trada, profession, or particular	2.9 ormin.	were as follows: Qate of one
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	none	July 3.
9 Industry or husiness in which		
work wes dona, as SILK MILL, SAW MILL, BANK, etc.		-
0 10. Deta deceased last worked at this occupation (month end	11. Total time (years) spent in this	
yeer)	occupetion	Other Cantributory Causes of importance:
12. BIRTHPLACE (city or town)		97 one
(Steta or country)		
TI 13. NAME	Gudus	
13. NAME 14. BIRTHPLACE (city or town)),	Name of operation. Dete of
(Stata or country)		What test confirmed diagnosis? Chancel Wes there an eutopsy?
E 15. MAIDEN NAME MONICO	MI The th	23. If daeth wes due to externel causes (VIOL ENCE) fill in also tha following:
15. MAIDEN NAME		Accident, suicide, or homicide? Date of injury 19
O 16. BIRTHPLACE (city or town). (Stata or country)	Yal	Where did injury occur?
m. It	20.	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
17. INFDRMANT (Addrass)	Jungar Ja de	Specify whather injury occurred in Industry, in nome, of in Podero FEACE.
18. BURIAL, CREMATION, DR REMOVAL	2-)	Manner of Injury
3 10,0	Dete July 6 1835	Nature of injury
2-151	Made	4.
19. UNDERTAKER	VIII	24. Was disease or injury in any way releted to occupetion of deceased?
(Address) Tarm	none of	If so, specify
1 (1.1) 1 h/ V (Dag Vagelle	(Signed) M

(Address)

Registrar.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ogo Chronic interstitial nephritis 1921 Run over by street car. 1 week ogo Cerebral hemorrhage Julu 5.1927 Peritonitis 3 dous ogo Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. properly classified. CAUSE OF DEATH in plain terms, so that it may be

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	RIP 1
County Hartord	Registration Dist. No.
Village or City Fountain Gracy	NoSt.,Ward
Length of residence in city or town where death occurred 15 yrs mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Martha Cherk	
(a) Residence: No. Fountain Green	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 1. COLOR OR RACE 1. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W. Lowed.	21. DATE OF DEATH July 22 1935 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Check	22. I HEREBY CERTIFY, Thet i attended decessed from
6. DATE OF BIRTH (month, day, and yeer) De c 30-1838	1928, to July 1935
7. AGE Years Months Deys If LESS then	to heve occurred on the date stated above at 430 pm.
96 6 22 1 dey,hrs.	Tha PRINCIPAL CAUSE OF DEATH end related ceuses of importence
8 Trade profession or particular	ware as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Infrantis of age -
9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Broken fearing duefto maidental full chigo
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked et this occupetion (month end yeer) 11. Total time (years) spent in this occupation	Patient fall, getting ont of a chairs
C4 +0	Other Contributory Cances of importence:
12. BIRTHPLACE (city or town) NC.	1 molan ferrer 3 grago
# 13. NAME SOSOMAN FLYNINGS	
13. NAME SOSOMAN JUNINGS 14. BIRTHPLACE (city or town)	Name of oparetion 2 Dete of
(State or country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sassie Fexder	23. If death wes dua to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Cassie Feyder 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
State or country)	Whara did injury occur?
17. INFORMANT Reed HOTHER CANCELLAND	(Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placa VOX, NC Date Valy241931	Nature of injury
19. UNDERTAKER Dean Toster	24. Was diseesa or injury in any wey related to occupation of deceesed? 700
(Addiesa) Rel air Mid	If so, specify
20. FILED July 23, 1935 N C Kickardson Registrar.	(Signed) M. D. (Address) Bel Ari Will
1	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Arteriosclerosis	1005	915	Attack of epilepsy	1 week ago
Chronic interstitial nephratis	viile 9 Tons	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUDEAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1/PLACE OF DEATH	CERTIFICATE OF DEATH 07771
1 1	(131)
County Harfurd.	Registration Dist. No. 185
Village or City Davie Remarkant,	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs	
2. FULL NAME Term y. Klinishe	A
(a) Residence: No. 3 '3 '9 (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) pridomer.	21. DATE OF DEATH (lyonth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (er) WIFE-of Isabelle, pluistre	22. LHEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) aug. 10 - 1862	Plast saw h Lassyalive on July 18 19 3 Heath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at6
72 // 8 1 day,hrs.	uner as follows:
	Date of onset
SalTrade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Rortis, Insufficiency 1934
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	a Decompendation
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Gravelly Hill.	Other Cantributory Causes of importance:
(State or country) Manyland.	Chrone replutes o edema 1939
13. NAME LUCKING 14. BIRTHPLACE (city or town) LUCKING (State or country)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy? Zeco.
15. MAIDEN NAME purour -	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME PURSUE TO TOWN 16. BIRTHPLACE (city or town) Mulaurum.	Accident, sulcide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or lown, county and State)
17. INFORMANT Loyd Plustre (Address) Lange de grael ruit.	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St. Jours Simil Date July 2, 1935	Nature of Injury
19. UNDERTAKER Character Standard	24. Was disease or injury in any way related to occupation of deceased?
(Address) Kavede Jane, rud,	If so, specify
20. FILED July 21, 1935 Charles J. Jakes The C. Registrar.	(Signed) (Address) 569 Rowslution M. Hours & Car

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	15 THE
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1919	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1821	Run over by street car	1 week ago
Cerebral hemorrhage	July 0 130	Partoni 3	3 days ago
9		9 4	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1925,	Gastelentes	1 year
AND THE RESERVE OF THE PROPERTY OF THE PROPERT			
			<u> </u>

V. S. No. 1

PHYSICIANS should state

of OCCUPA-

Exact statement

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Harford,	Registration Dist. No. 185
Village or City Havreste Grace, med	No. St., Ward
Langth of rasidence in city or town whare daath occurred 47 yrs. 2 mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Milliam & Purtis	
(a) Residence: No. 723 - Cotte (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE: MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed/or divorced HUSBAND of (er) WIFE-OF LULY Followitis	22. I HEREBY CERTIFY, That I attended deceased from
shill 1 1988	, 19, to, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	I last saw h; deeth is said to have occurred on the date stated above, atm
47 2 27. 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca wara as follows:
S Trade profession or earliquies	Drowned while eswimming winhthe 7/17/3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc 11. Total time (yaars)	
Dato daceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Have de Luce, (State or country) www.lend	Other Contributory Causes of importance:
13. NAME Seorge Ov. Purtis.	
13. NAME Story (W. Purtis). 14. BIRTHPLACE (city or town) Plantage Grally	Name of operation
(State of-country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Isabella Jackson 16. BIRTHPLACE (city or town) darrede Grace,	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcida, or homicide? ACCIDENT Date of injury 7/17, 1935
(State or country) runny land.	Where did Injury occur Hours de Grace Harford (Specify city or town, county and State)
17. INFORMANT Jawelle J. Murtis. (Addrass) Have def Grace, rud,	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Public Place
18. BURIAL, CREMATION, OR REMOVAL Place It James Lewstery Date July 19- , 1931.	Manner of injury WAS Swimming in river Natura of injury Drowned
19. UNDERTAKER Levenstage Turk. (Address) Lave da lingue Turk.	24. Was disaase or injury in eny way related to occupation of deceased? NO If so, spacify
20. FILED July 19, 1935 Charles Joles Registrar.	(Signed) Samue Conclusor onem. D. (Ardrass) Havre de Grace Md

(Address) Havre de Grace, Md. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DUKLAO T. O.	U		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state RD. Every item of infor-Statement of OCCUPA. Exact -WRITE PL. LY, WITH UNFADING INK-THIS IS A PERMANENT R mation should be carefully supplied. AGE should be stated EXACTEX. properly classified. FOR BINDING TION is very important. See instructions on back of certificate. RGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be N. B.—WRITE PL

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Hartford	Registration Dist. No. 18 3
Village or City Markisville Md	No. St., Ward
Length of residence in city or town where death occurredyrs,mos.	
2. FULL NAME Horold Keith	Ford.
(a) Residence: No	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX / 4. COLOR OR RACE, 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DIVORCED ("write the word)	(Month) (Day) 5 , 193 5 (Year)
5a. If married, widowed, or divorced HUSBANO of	22. 1 HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) May 2, 1934.	l last saw h; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 5230 m.
) 2 / / 3 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Dr. aftergent
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	trusped skull
work was done, as SILK MILL, SAW MILL, BANK, etc.	Production of the second
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) occupation	automofile
12. BIRTHPLACE (city or town) Mary land:	Other Contributory Causes of importance:
(State or country)	
13. NAME Harry Ford	
13. NAME Harry Ford 14. BIRTHPLACE (city or town) Mary Land.	Name of operation Oate of Oate
(State of country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIOEN NAME Colsie Hulsharf. 16. BIRTHPLACE (city or town) Mary Land.	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town) Maryland.	Accident, suicide, or homicide? accident ate of injury Dely (19. 3.5
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Sarry Fared (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Run ver by Cur tornolile
Place Portisvelle Oate July 17, 1935	Nature of injury Christian Skull
19 UNDERTAKER If Howard Welf.	24. Was disease or injury in any way related to occupation of deceased? W.V.
20. FILED July 17 , 1935 That, P. Brown Registrar.	(Signed) Samuel M. D. Artell M. D. (Address) Samuel Artello M. D.
If more blanks are needed, address State Projette as	At Charles Street Believes Property 71 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.--The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, inchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epileps	1 week ago
Chronic interstitial nephritis	1921	Run over by street our S A IIV 20118	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 9091 8 50W	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07774
1. PLACE OF DEATH	(B)
/ County Herston	Registration Dist. No. 183
Village or City Same Itaville	No. St Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
101 16,0	ds. How long in U.S. if of foreign birth?
(a) Residence: No 2027 - Lunty 700	H
(a) Residence: No. 30 > 4 (Usual place of abode)	Ward If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH July 14 1935
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
(or) WIFE of mary nonemaker	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) march 29-1845	Plast saw by a slive on The State 1935 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 17/1/5/m.
90 3 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
_ 8. Trade, profession, or particular	were as follows:
SAWYER, BOOKKEEPER, etc	Consequent to Mostalis
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1 Supratase
O TO Date decared last worked at	Mar orcoping
this occupation (month and year) this occupation (month and year) occupation occupation	
12. BIRTHPLACE (city or town) new Windson	Other Contributory Causes of Importance:
(State or country)	
13. NAME William & Geally	
13. NAME William H Gealty 14. BIRTHPLACE (city or town). Deland	Name of operation
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME and Wilbourn	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). Visignal	Accident, suicide, or homicide? Date of Injury19
State or country)	Where dld injury occur?
17. INFORMANT MAN A H. Lee (Address) Relaw-	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Com-	Manner of injury
Place Bats Date 19	Nature of injury
19. UNDERTAKER TURNS FOR AND (Address) Farry Savelle Mult	24. Was disease or injury in any way related to occupation of deceased?
20. FILED July 17,1935 That P. Brown Registrar.	(Signed) Willard Patrony, D. (Address) Loust Lile ma
If more blanks are needed address Says Popular	NO CONTRACTOR OF THE PARTY OF T

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DECELVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 6 1985	July 5, 1927	Peritonitis	3 days ago
	BUREAU V			
Other contributory	causes of importance:	3	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

-WRITE

V. S. No. 1

(State or country)

15. MAIOEN NAME

(Address)

(Address)

19. UNOERTAKER

20. FILEO

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town)

(State or country

(State or country)

13. NAME

FATHER

MOTHER

AITHIR DOEPOR	STATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH
1. PLACE OF	F DEATH			(210-111)
County	Narford			Registration Dist. No. 185
Village or Ci	ity blance	de L	ace	No. Hospital St, Ward
Langth of reels	dence in city or town where	double manuscrad		death occurred in a hoperal or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAT	WE Tree	d H	el ott	as. How long in U.S. It of foreign birth? yrs. mos. ds.
(a) Residence	ce: No Has	so do 1	The grant of	A.St. Ward
(a) Nesidelli		(Usual place		If nonresident give city or town and State
PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male	4. COLOR OR RACE	OR DIVORCE	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed HUSBANO of (er) WIFE of 6. DATE OF BIRTH (Dorothy	Laye &	illetti 1903	22. I HEREBY CERTIFY. That I attended deceased from 1935, to July 1, 1935; death is said
7. AGE Year	Months 32 8	Oeys 24	If LESS than 1 day,hrs. ormin.	to have occurred on the dete steted above, at 10:394 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
kind of w SAWYER, Industry or t work was SAW MILI	sion, or particuler ork done, as SPINNER, BOOKKEEPER, etc. pusiness in which done, as SILK MILL, L, BANK, etc. dlast worked et pation (month and	sper	me (years) it in this pation	Other Contributory Cause of Importance:
12. BIRTHPLACE (city	v or town)			

Oate What test confirmed diegnosis? Was there en autopsy? Itale (Specify city or town, county and State)
occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Neture of injury 24. Was disease or injury in any wey related to occupation of deceased? If so, specify (Signed) Registrar. (Address). If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
leath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
MIG 8 1935	1915	Attack of epilepsy	1 week ago
	1921	Run over by street car	1 week ago
BUREAU V.	July 5,1927	Peritonitis	3 days ago
es of importance:		Other contributory causes of importance:	
Gallstones		Gastroenteritis	1 year
	death and related caused ollows:	death and related causes bate of onset ollows: AIG 8 1935 1915 IS 1921 BUREAU V. S. July 5, 1927	death and related causes bee of onset of importance were as follows: Alig 8 1935

of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

0	8	1	4	1	

1. PLACE OF DEATH	9 184
County	Registration Dist. No. 10 7
Village or City Harlington M. q.	No. St., Ward (f death occurred in a hospital or institution, give its NAME instead of street and number)
	s. LO ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Crarler Ha	Ol
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet I ettended deceased from
6. DATE OF BIRTH (month, day, end yeer) May 3 6 -195	l lest saw value filve on July 21 19 31; deeth is sai
7. AGE Years Months Days if LESS then	to have occurred on the dete steted above, et 4- 4m.
	were as follows:
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Date of ones
	This child died of Whooping Congli
SAW MILL, BANK, etc.	and diblethail o
O 10. Dete deceased lest worked et this occupetion (month end the pear) 11. Totel time (years) spent in this occupetion coupetion.	The second of th
12. BIRTHPLACE (city or town) 12 arling to 2 (State or country)	Other Contributory Causes of importence:
13. NAME String Stall 14. BIRTHPLACE (city or town) Marion	Name of operation Date of
(Stete of country)	Whet test confirmed diagnosis? Wes there an eulopsy?
15. MAIDEN NAME FLORENCE CALLWELL	23. If death wes due to externel ceuses (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Elorence Calluel 16. BIRTHPLACE (city or town) Marion (State or country)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Aurily Stall (Address) L9 aring to m d	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece Dan Anglog Date My 18, 1938	Neture of injury
19. UNDERTAKER DIBOLLY (Address) Darlyngton Add	24. Was diseese or injury In eny wey releted to occupetion of deceesed?
20. FILED July 27, 19 35 Mi Di Kirk. Registrar.	(Signed) A Area of Cast M. (Address) A Area of Tan
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: EIVED Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

/ STATE O	F MARYLAND—	CERTIFICATE	OF DE	ATH	01110
1. PLACE OF DEATH	- /	50		/	24
County Tarfo	old .		Registratio	n Dist. No.	07
Village er City	Inblin	Nodeath occurred in a hospital or insti	autien eine in NIA1	St.,	Ward
Length of residence in city or town where d					
2. FULL NAME	issa st				
(a) Residence: No.	(Usual place of abode)	St., Ward.	If nonreside	nt give city or town	and State
PERSONAL AND STATISTI		MEDICAL		E OF DEATH	
J. SEX 1. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	July	19	, 193 (Year)
5a. If married, whowed or diverced HUSBAND of (or) WIFE of C	Still	22. HEREB	-(/	F X That I ettend	led deceased from
6. DATE OF BIRTH (month, day, end year)	left. 24, 1858	I last saw h	filey	12 9 1,19	; deeth Is sel
7. AGE Years Months	Deys If LESS than 1 day,hrs. ormin.	to heve occurred on the date sta The PRINCIPAL CAUSE OF DE, were es follows:		uses of Importence	
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Houseward	Carsen	ma	of	Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Dete decessed lest worked at this occupation (month and	Itstome	Break	t	<i>D</i>	
10. Dete deceesed lest worked at this occupetion (month and yeer)	11. Total time (years)				
12. BIRTHPLACE (city or town)	April Con	Other Contributory Causes of Im	portance:		
	oner.				
13. NAME 14. BIRTHPLACE (city or town) (Stete or country)	mod Co	Neme of operation What test confirmed diagnosis?_	<u> </u>	Date o	
15. MAIOEN NAME Mary	Troutner	23. If death was due to external c			
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	rford Co.	Accident, suicide, or homicide?_			
17. INFORMANT A CANADA (Address) 10 aveling	Hill To-md. B.10.	Where did injury occur? Specify whether injury occurred	(Specify city in INDUSTRY, in	or town, county and HOME, or In PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Dublin Cim	Dete July 22, 19 3!	Menner of Injury			
19. UNDERTAKER J. By (Address) Darling	alley m q	24. Was disease or injury In eny	way related to occ	upetion of deceesed?	
20. FILED July 2/, 19, 35-17	m. M. Hirs	(Signed) (Address)	Sier 20011	7900	CEST M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows: EIVED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial pephritis AUC 6 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones ·	May 1,1923	Gastroenteritis	1 year

B.—WRITE PL

TION is very important. See instructions on back of certificate.

statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

12	184	plly	4	
13		p.th.g	4	1
U	()		- 10	

1. PLACE OF DEATH	(82.2)	
County Harford	Registration Dist. No. 18	1
Village or City Personal Village or City Personal Village or City Personal Village or City or town where death occurred / yrs. 2 mo	No. St., If death occurred in a hospital or institution, give its NAME instead of street and os. ds. How long in U.S. if of foreign birth? yrs	ward number)
2. FULL NAME HOOKET Mrs Sara	ch Ellen	
(a) Residence: No. Juny makes (Qual place of abode)	St., Ward. If nonresident give city or town and	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIYORCED (**prize the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH July 22 (Megh) (Day)	, 1935 (Year)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 1 LESS than	22. I HEREBY CERTIFY. That I attended May 27, 1935, to July 22 I last saw han aliva on July 22, 1935 to have occurred on the date stated above, at 130 p.m.	deceased from 19.35
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Arterial Schooling Brain Diagon with psueds brillian paralysis	Date clonset
	mit ashers	2
SAW MILL, BANK, etc	Cerebral thinbosis	7-9-35
12. BIRTHPLACE (city or town) Baltimon	Other Contributory Causes of importance:	3,000
(State or country)		
II 13. NAME Joseph Segun.		
4 14. BIRTHPLACE (city or town) Sallis	Name of operation Data of	
(State of country)	What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME Lyda Havison 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mus. Policy In Maryland (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	, 19
18. BURIAL, CREMATION, OR REMOVAL Place Invary Dark Date July 25, 1935	Manner of Injury	
19. UNDERTAKER Servy Janung dens. (Address) 24. 35. C.	24. Was disease or Injury in any way related to occupation of deceased?	no M. D.
20. FILED 19-2	(Address) Edgewood, med	м. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance we're as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy COST 9 500	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis 03 A 13 3 3 4	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
8 2			

D)	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ation should be carefully supplied. AGE should be stated EXACTLY PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	T RECORD.	L K PHYSIC	Exact state	/
MINGIN NESERVED FOR BINDING	PERMANEN	EXACTI	rly classified.	ata
ED FOR	THIS IS A	d be stated	y be proper	k of partific
NEDERA	ING INK-1	AGE should	that it ma	ions on hac
TIDATE.	H UNFAD	y supplied.	ain terms, so	See instruct
	MINLY, WIT	be carefull	EATH in pl	ON is very important. See instructions on back of certificate
	VRITE PL	ation should	AUSE OF L	ON is very

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	OERTHICATE OF BEATH
County Harford	(arec)
1	Registration Dist. No. 103
Village or City Havre al Shace	death occurred in a hospitator institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Paved, & Teens	
(a) Residence: No. 631 K. Stokes	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Lugger 11 103 5
5e. If merriad, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended decaased from
0 0 0 106-	July 1 , 1035, to July 11 , 1935
6. DATE OF BIRTH (month, day, and year) July 9 1935	I last saw h_legaliva on
7. AGE Yeers Months Days If LESS than 1 day,	to have occurred on the date stated abova, etm.
ormin,	The PRINCIPAL CAUSE OF DEATH and raiated causes of Importence were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
◀ 9. Industry or business in which	Lateral tempelage
work was done, as SILK MILL, SAW MILL, BANK, atc	Bleeding fear excture
10. Date decesed last worked at this occupation (month and spent in this	
yeer) ogcupation	
12. BIRTHPLACE (city or town) Staveda Grace	Othar Contributory Causes of Importance:
(Stata or country) md	
13. NAME Kalph / Cens	
14. BIRTHPLACE (city or town) Stavende Snace	Name of oparetion Dete of
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Fours Pastit	23. if daath was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Forms Mashitt 16. BIRTHPLACE (city or town) Port Superior	Accident, suicide, or homicida? Date of injury, 19
(State or country)	Whera did injury occur?
17. INFORMAN alph Viene	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Out Depout Md.	
18. BURIAL, CREMATION, OR BEMOVAL Plece mach tell pere ruly / 2 1035	Manner of injury
Piece Date 1990	Natura of injury
19. UNDERTAKER ///agrown Michell	24. Was disease or injury in any way ralated to occupation of daceasad?
(Address) Davu de Graci Mo.	If so, specify
20. FILED July 12, 1935 Charles & Toley on.	D (Signad) harle J. Joley M. D.
Registrar.	(Addrass) Have de Deney M.
15 more blanks are needed, address State Registrar, 2	1412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MIREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RGIN RESERVED FOR BINDING

AGE should be

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 07779
1. PLACE OF DEATH	210-8
County Nargard	Registration Dist. No. 105
Village or City Napre de Grace	/ No. Naspelal St., Ward
Length of residence in city or towp where death occurredyrsmos	death occurred in a horpital or destitution, give its NAME instead of street and number) ds. How long in M.S. if of foreign birth?yrsmosds.
1/10 n	
2. FULL NAME Nelly Market	n Outara Cicil
(a) Residence: No. You (Ural place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Wale Colared OR DIVORCED (write the word)	fully 2nd 1930
5a. If married, widowed, or divorced HUSBAND of	(Month) (Dey) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
1 1893	, 19, to, 19, 19
6. DATE OF BIRTH (month, dey, and year)	I last saw h; death is said
7. AGE Years Month's Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, et
about 40 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER.	tradusto spiel
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	
9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at 11. Total time (years)	
this occupation (month end spent in this occupation	
Liel moreti	Other Contributory Causes of importance:
(State or country)	
13. NAME LANGUE	
13. NAME 14. BIRTHPLACE (city or town)	Name of Samuel and
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME LUBUOU.	What test confirmed diagnosis? Was there an autopsy? Was there and autopsy?
	23. If death was due to external causes (VIO) ENCEY fill In also the following: Accident, suicide, or homicide? Accident. Date of injury Access 39 19 3.3.
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur? Pour Libraria Vine Company occur?
0.11.01.	(Specify city or town, county and State)
17. INFORMANT Taures G. Naustrer	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Insuran out of ear
Piece Countrylemeter Date July 5-1934	Nature of injury La waterness should
0 1	
19. UNDERTAKER / euror gloudy soul' (Address) Lave de l'Ira es , aud	24. Was disease or injury in any way related to occupation of deceased?
Que de la companya de	If so, specify
20. FILED July 5 , 1935 Colors J. John Min. Registrar.	(Signed Ames Conchero Carener M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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See instructions on back of certificate.

TION is very important.

kD. Every item of infor-

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07780
County Harford	Registration Dist. No. 184
Village or City Caralys and	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 7.6 yrs	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Formulation	vrz.
(a) Residence: No(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Morris Market Morris (1988)	21. DATE OF DEATH (Month) (Day) (Year)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of Annual Dorris	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) 221C 29-1959	I last saw hazar alive on July 1, 1935 deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 5-P.m.
75 6 /2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Of Time Heart deare: 1932
Undustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Prome myocardetis.
11. Total time (years) spent in this occupation (month end year) 12. Total time (years) spent in this year)	
12. BIRTHPLACE (city or town) (State or country)	Other Coutributory Causes of Importance:
13. NAME Jours morris	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of Whet test confirmed diagnosis? Climan & Was there an autopsy?
15. MAIDEN NAME Sowh Think	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Robby Story (Address) Blanch Lange	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place State Ruly C. Date July 14, 1935	Manner of injury
19. UNDERTAKER 1/2 / Journ 19. UNDERTAKER 19. UNDER	24. Was disease or injury in eny way releted to occupation of deceased?
20. FILED July 13, 19.3.5 76 L. M. C. Malbares	(Signed) Charles (M. Lamous M. D. (Address) Such for many

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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7. S. No. 1

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example I	i	Example II	
The principal cause of de of importance were as fol	ath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arleriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	AUG 3 1950	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes	s of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
ranocores		May 1,1925	Tusu venuer uus	

V. S. No. 1

MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAI	CAUSE OF DE

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 07752
County Harford Can	Registration Dist. No. 182
Village or City Mean Bel am mil	ND. St., War If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs	
2. FULL NAME Cornelia Culmer	e Dum Vue
(a) Residence: No. Here Bellin Haw (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 6 1935
5a. If merried, widowed, or divorced HUSBAND of	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(or) WIFE of Edward Hill Dorry Pure	22. Oct. 2 1 HEREBY CERTIEY, that I attended decessed from 1935
6. DATE OF BIRTH (month, dey, and year) Februs 8 - 1861 7. AGE Years Months Days If LESS than	I last saw h_ Qr alive on July 4, 1935; death is sai
7. AGE Years Months Days If LESS than 1 dey,hrs	mara as follows.
8 Trade profession or particular	Cerebral hemourhage
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years)	1923
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Men Goleans (State or country)	Ditton Contributory Causes of importance: Last cerebral hemogrhage
13. NAME Rev. Balland S. Dum	between July 3-1433
13. NAME Sev. Balland S. Dum 14. BIRTHPLACE (city or town) Sucarban Car, (State or country)	Name of operation
15. MAIDEN NAME Elin Stawsbury	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Elis Stausburg 16. BIRTHPLACE (city or town) Muncylean (State or country)	Accident, suicide, or homicide?
17. INFORMARIAS Berthama Crochen (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place of Many Date July 8, 19.3	Manner of injury
19. UNDERTAKER Segar & Lolu ((Addiess) Belan Myd	24. Was disease or injury In any way related to occupetion of deceased? No
20. FILEO July 8, 1935 NE Richardson Registrar.	(Signed) A. T. Day D. Ber M. (Address) Belain III.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1927	Peritonitis	3 days ago
7 2 3	16		
	3 13 1	- 315	
Other contributory causes of importance.	m Po	ther contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
\ 4			
, h	1		

Exact statement of OCCUPA.

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH 07733
1. PLACE OF DEATH County Joseph	Registration Dist. No. 183
Village or City / Morrarillo (If	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or tean where death occurred	ds. How long in U.S. it of foreign birth?yrsmosds.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND ot (or) WIFE of C Smittlemen	22. I HEREBY CERTIFY. Thet I attended deceased from 135 to May 27 1935
6. DATE OF BIRTH (month, day, end year) 2 S S 7. AGE Yeers Months Days If LESS then	t last saw hea elive on Jule 2, 185; deeth is said to here occurred on the dete stated above, at 3 m.
67 2 25 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importence were es tollows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Hammorrale of Bream Gris/35
Kind ot Work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed lest worked et this occupation (month end	
O 10. Dete decessed lest worked et this occupation (month end year)	
12. BIRTHPLACE (city or town) (Stete or country)	Other Contributory Canses of Importance:
E 13. NAME Im (Imos	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diegnosis? Wes there an europsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?, 19, 19
17. INFORMANT (Address)	Where did injury occur?(Specify city or town, county and State) Specity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Dete 4.19.19.19.35	Menner of injury
19. UNDERTAKER And States (Address) Paris Paris (Pa)	24. Was disease or injury in eny wey related to occupetion of deceased?
20. FILED uly 29, 1935 Thas P. Brown Registrar	(Signed) Marles M. D. (Address) Street Band:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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-	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Perilonitis Other contributory causes of importance:

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example - IVED	11	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephralis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AD. Every item of infor-PHYSKIANS should state Exact statement of OCCUPA. UNFADING INK-THIS IS A PERMANENT THE stated EXACTLY. properly classified. RGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. LY, WITH -WRITE PL

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07785
1. PLACE OF DEATH	(3)
County Harford	Registration Dist. No. 180
Village or City Amadan Enny	cono. Town St., Ward
Length of residence in city or town where death occurred 5 yrs, mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME EL YOU Ellword	Juchton
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 26 , 1930 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of July Turktore	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h In alive on hung to 1, 19.35; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at
76 9 10 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Merchand	Omanie Weshnik 1930
3. Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Maryland (State or country)	Other Contributory Causes of importance:
	N
13. NAME 14. BIRTHPLACE (city or town) (State or country) Maryland	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Maryland	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State of country)	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY—is HOME, or In PUBLIC PLACE.
(Address) Envertor Bear R. F.D Mil	Mo
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Deer Creek Date July 28 , 19.35	Nature of injury 1
19. UNDERTAKER Howard K. McComas, (Address) Abingdon, Md.	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED July 27, 19 35 Fred Morlok Focal Registrar.	(Signed) Neff Walls of Built
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street par A 117 2 3 118	1 week ago
July 5,1927	Peritonitis	3 days ago
W1 1000	Other contributory causes of importance:	
May 1,1925	Gastroenterius	1 year
	1915 1921	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street par A July 5,1927 Peritonitis Other contributory causes of importance

RD. Every item of infor-

should state

PHYSICIANS

-WRITE PL

N. B.

STATE C	OF MARYLAND—CERTIFICATE OF DEATH	07756

County Harford	Registration Dist. No. 183
Village or City Provinciale	N-
. (1	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Lizabeth of my	rrell
(a) Residence: No.	St., Ward.
(Userplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5. SINGLE. MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED gerite the word	21. DATE OF DEATH
Timol The Hidory	(Month) (Day) (Year)
B. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CER/TIFY, That I attended deceased from
Gosphia syrull	May 13 1193 4, to July 1 5 19 3
DATE OF BIRTH (month, day, and year) Cunl/12/542	I last saw heat alive on July 18 1, 1935; death is sa
. AGE Years Months Days If LESS than	to have occurred on the date stated above, a 2
9 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Data of ones
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Aunhhorrhoea: an
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	for bracking down of the broth-clarde of
10. Date deceased last worked at 11. Total time (years)	neck and asselfa. no disease to cause it. not
10. Date deceased last worked at this occupation (month and year)	Luc. to cancer. Only cause: Per extreme emociation ?
year) decupation	Other Contributory Causes of importance: oge 93 years. Causes
2. BIRTHPLACE (city or town)	P A A
(State or country)	Jenela politility
13. NAME Samuel Janly	
13. NAME Samuel Farly 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Clistical Was there an autopsy? W
15. MAIDEN NAME bydes Pline	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Lydia Pline 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Type Typele,	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	
Place Dente buty Po Date July 4, 1935	Manner of injury
A 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Nature of injury
9. UNDERTAKER AND LANGE (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED why 4, 1935 Thos. R. Brown	(Signed) Tayes M.
Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows?	Date of onset
Arteriosclerosis	1915	Attack of epilepsy GSSI 9 56V	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 03A1333	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

S. No.

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Date of pulser	The principal cause of death and related causes of importance were as follows:	Date of onset
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July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1 M

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07758
1. PLACE OF DEATH	240-00
county Harford	Registration Dist. No. 18-2
Village or City Kalmia (Nean) Bal Ain Md	NoSt., Ward
(II	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME JOHN Anchen Wilson	N
(a) Residence: No. Bel Nin Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Widowed.	21. DATE OF DEATH July 14-, 1935 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Oarah Parrot	22. I HEREBY CERTIFY. That I attended decessed from
6. DATE OF BIRTH (month, day, end year) about 1870	I last saw h alive on 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at P.S.P. m.
6 55 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc	A THE
Sind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	(Cecedental (Milimolila)
work wes done, as SILK MILL, SAW MILL, BANK, etc	(Brken Keb)
Shellf Ill fill?	
year) occupetion	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) / 12 / towd Co (State or country)	
13. NAME CON WISSON 14. BIRTHPLACE (city or town) Towson	
(State or country)	What test confirmed diagnosis? In 4 heart - Was there an autopsy? No.
15. MAIDEN NAME English Green	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Hartor & Co	Accident, suicide, or homicide? accidental Date of injury 1844 4, 1935
(State or country)	Where did Injury occur? Anym Co Man along 5 hule Alak (Specify city or town, county and State) A. C.
17. INFORMANT Ars Charlotte Criffing (Address) White Plans N.4	Specify whether Injury occurred in INDUSTRY, in HOME, or in RUBLIC PLACES and County whether Injury occurred in INDUSTRY, in HOME, or in RUBLIC PLACES and Industry of County whether Injury occurred in INDUSTRY, in HOME, or in RUBLIC PLACES and Industry of County whether Injury occurred in INDUSTRY, in HOME, or in RUBLIC PLACES and Industry of County whether Injury occurred in INDUSTRY, in HOME, or in RUBLIC PLACES and Industry of County whether Injury occurred in INDUSTRY, in HOME, or in RUBLIC PLACES and Industry of County whether Injury occurred in INDUSTRY, in HOME, or in RUBLIC PLACES and Industry of County whether Injury occurred in INDUSTRY, in HOME, or in RUBLIC PLACES and Industry of County whether Injury occurred in INDUSTRY, in HOME, or in RUBLIC PLACES and Industry of County whether Injury occurred in INDUSTRY, in HOME, or in RUBLIC PLACES and Industry of County whether Injury occurred in INDUSTRY, in HOME, or in RUBLIC PLACES and Industry of County whether Injury occurred in INDUSTRY, in HOME, or in RUBLIC PLACES and Industry of County whether Injury occurred in Injury of County whether Injury occurred in Injury of County whether Injury occurred in Injury occur
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Supposed to been & bruch by
Place Clarks Chapa J. Date CM J. 18, 1935	Neture of injury & actuling + Broken neguto.
19. UNDERTAKER Dean & Foster	24. Was disease or injury In any way related to occupation of deceased?
(Address) - Rel am mal	If so, specify
20. FILED I select 6, 1935 H. Collins and Registras.	(Signed) (Selaw M.D. M.D. (Address) (Selaw M.D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Charles plants are former in the second of t			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		SHIP NOTE OF SHIP	

V. S. No. 1

A DORPO STOLIN SOF

1. PLACE OF DEATH	(13)
County A de	Registration Dist. No. 185
Village or City Ham de Trans	No. Hanne de Traca Hong feet, Wa (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mos. 3 ds. How long in U.S. if of foreign birth? yrs. mos.
2. FULL NAME Co handes Greats	Cuti 1. Caril
(a) Residence: No. Residence	St., Ward.
Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO OR DIVORCED (write the	21. DATE OF DEATH (Nonth) (Day) (Year)
e. If married, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY. Thet I ettended decreesed fr
(or) WIFE of	July 18 1935 to July 19 1935
DATE OF BIRTH (month, dey, end yeer) The 27, 199	I lest saw h elive on July 14 ,1935; death is si
AGE Yeers Months Deys If LESS	
37 7 1 7 1 dey,	I THE EXPLANATION OF DEATH SHUTTERS OF HUDOTTENES
8. Trede, profession, or perticuler kind of work done, as SPINNER, Ofer ala GasAWER, BDDKKEEPER, etc.	appendicto (ruptures grap) 1/14
9. Industry or business in which	peritoritis 1/1
work was done, es SILK MILL, SAW MILL, BANK, etc	
10. Date deceased lest worked at this occupation (month end yeer)	
2. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(Stete or country)	- nephritis 2
13. NAME John Geats -	
14. BIRTHPLACE (city or town). Ung.	Neme of operation appendectory Dete of Jul 18
(State of country)	Whet test confirmed diegnosis? Was there en eulopsy? A
15. MAIDEN NAME Ruch Sugar	23. If deeth wes due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town). The grant of the company of the com	Accident, suicide, or homicide? Date of Injury, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
(Address) Process	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
B. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place & Keek, Va. Dete July 22	Neture of injury
3. UNDERTAKER L. E. Tyson	24. Wes diseese or injury in any wey releted to occupetion of deceased?
(Address / Pische Sun Md.	If so, specify
FILED July 19, 1935 Charles & Taley	(Signed) truck Wallet M. O. M.

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BUREAU	V. S.		
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